
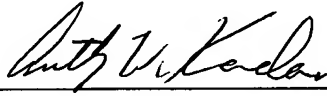


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 000482.00002
	In re Application of Christina Smith et al.	
	Application Number 10/602,761	Filed June 25, 2003
	For DATA HEALTH MONITOR FOR FINANCIAL INFORMATION COMMUNICATIONS NETWORKS	
	Group Art Unit 3625	Examiner N. Rosen
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) </div> <div style="width: 25%; text-align: right;"> \$ _____ \$ _____ \$1,020.00 \$ _____ \$ _____ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-0733</u>. I have enclosed a duplicate copy of this sheet. </div> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>48,830</u>. </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">October 4, 2005</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Date</p> </div> <div style="width: 45%; text-align: center;">  <hr style="width: 80%; margin: 0 auto;"/> <p>Signature</p> <p>Anthony W. Kandare</p> <hr style="width: 80%; margin: 0 auto;"/> <p>Typed or printed name</p> </div> </div> <div style="margin-top: 10px;"> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".</p> <p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p> </div>		

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